

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000002401

Entity Name: MICHAEL E RINEY INC.

FILED  
Jan 12, 2005  
Secretary of State

**Current Principal Place of Business:**

137 BIG PASS LANE  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 220  
WEST NEWTON, MA 02465

**New Mailing Address:**

FEI Number: 04-3101359

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RINEY, MICHAEL E  
137 BIG PASS LANE  
SARASOTA, FL 34242 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RINEY, MICHAEL E  
Address: 137 BIG PASS LANE  
City-St-Zip: SARASOTA, FL 34242

Title: TCD ( ) Delete  
Name: RINEY, NANCY J  
Address: 137 BIG PASS LANE  
City-St-Zip: SARASOTA, FL 34242

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL E. RINEY

PRES

01/12/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date